Express Mail No.: EV 447411061 US Date Deposited: August 25, 2004

**PATENT** 

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

dicant: Paul H. Weigel, et al. ) Conf. No.: 4696

Serial No.: 09/469,200 ) Examiner: R. Wax

Filed: 12/21/1999 ) Group Art Unit: 1653

For: HYALURONAN SYNTHASE ) Atty. Dkt. No.: 35541.011

GENE AND USES THEREOF

Mail Stop - Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **AMENDMENT**

Sir:

In response to Examiner Wax's Notice of Drawing Inconsistency With Specification dated August 13, 2004, Applicant hereby amends the above-referenced application as follows:

Amendments to the Specification begin on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.

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Signature

August 25, 2004

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/469,200					
Filing Date	12/21/1999					
First Named Inventor	Paul H. Weigel, et al.					
Group Art Unit	1653					
Examiner Name	R. Wax					
Attorney Docket Number	35541.011					

		ENCLOS	SURES (chec	k all that apply)				
X Fee Transmittal For	m	Assignment (for an Appli	Papers cation)	After Allowance Communication to Group				
Fee Attached	d	Drawing(s)		Appeal Communication to Board of Appeals and Interferences				
X Amendment / Reply	1	Licensing-re	lated Papers	Appeal Communication to Group  (Appeal Notice, Brief, Reply Brief)				
After Final		Petition		Proprietary Information				
Affidavits/de	claration(s)	Petition to C Provisional	Application	Status Letter				
Extension of Time F	Request	Power of Att Change of C Address	torney, Revocation Correspondence	X Other Enclosure(s) (please identify below):				
Express Abandonm	nent Request	Terminal Dis		See remarks below:				
Information Disclos	ure Statement	CD, Numbe		_				
Certified Copy of Pr Document(s)	riority	Remarks						
Response to Missin Incomplete Applicate		Transmittal Form (1 page     Fee Transmittal (1 page)	9);					
Response to Missing Parts under 37 CFR 1.52 or 1.53  3. Fee Determination Record (1 page); 3. Amendment for Notice of Drawing Inconsistency With Specification (4 pages); and 4. Postcard.								
	SIGNATI	IRE OF APPLICAN	NT, ATTORNEY, O	R AGENT				
Firm								
Firm or Individual name  DUNLAP, CODDING & ROGERS, P.C., Customer Number 30589  Attn.: Douglas J. Sorocco, P. O. Box 16370, Oklahoma City, Oklahoma 73113								
Signature								
Date 8-25.04								
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail or U.S. Express mail no. EV 447411061 US in an envelope addressed to the address below on this date:  August 25, 2004								
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Date

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EV 447411061 US

08/25/2004

PTO/SB/17 (10-03)

Date Deposited: 00/20/2001				U.S. F	Patent a	Approved for use through 07/31/2006. On nd Trademark Office; U.S. DEPARTMENT OF			
O'FER TO ANCIAITTAL			Complete if Known						
FERTRANSMITTAL		Ļį	- Application Number			er 09/469.200	09/469.200		
		Ī	Filing Date			12/21/1999	12/21/1999		
AUG 2 5 2004 for FY 2004			First Named Inventor			ntor Paul H. Weigel, et al.	Paul H. Weigel, et al.		
Patcht fees are subject to annual revision.			Examiner Name			R. Wax	R. Wax		
Applicant thams small entity status. See 37 CFR 1.27			Art Unit			1653	1653		
TOTAL AMOUNT OF PAYMENT	(\$) 0	Attorney Docket No.			cket N	lo. 35541.011	35541.011		
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
Check Credit card Money Order  Deposit Account:  Deposit Account Number Deposit Account Name  Deposit Account Name  Deposit Account Name  Customer No. 30589  The Commissioner is authorized to: (check all Charge fee(s) indicated below Credit Charge any additional fee(s) during the pender Charge fee(s) indicated below, except for the to the above-identified deposit account.	I that apply) it any overpayments ency of this application e filing feether	Large Fee Code 1051 1052 1053 1812 1804	(\$) 130 50 130 2,520	Fee Code 2051 2052 1053 1812 1804	Fee (\$) 65 25 130 2,520 920* 1,840*	Fee Description  Surcharge - late filing fee or oath  Surcharge - late provisional filing fee or cover sheet  Non-English specification  For filing a request for ex parte reexamination  Requesting publication of SIR prior to Examiner action  Requesting publication of SIR after Examiner action  Extension for reply within first month	Fee Paid		
1. BASIC FILING FEE	· · ·	1252	420	2252	210	Extension for reply within second month			
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✗ Deposit Account:		Fee	Fee	Fee	Foo Description	
Deposit Account 04-1700	Fee Code	(\$)	Code	(\$)	Fee Description	Fee Paid
Number	1051	130	2051	65	Surcharge - late filing fee or oath	
Deposit Account Name Customer No. 30589	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
The Commissioner is authorized to: (check all that apply)	1053	130	1053	130	Non-English specification	ļ
Charge fee(s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	<b> </b>
Charge any additional fee(s) during the pendency of this application	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) indicated below, except for the filing feether to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
	1252	420	2252	210	Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month	
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month	
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	ļ,
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 0	1452	110	2452	55	Petition to revive - unavoidable	
	1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)	
Extra Claims below Fee Paid	1502	480	2502	240	Design issue fee	
Total Claims X = \$0	1503	640	2503	320	Plant issue fee	
Claims = - " = - X = - 30	1460	130	1460	130	Petitions to the Commissioner	
Multiple Dependent = \$0	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
Large Entity   Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt	
Fee Fee Fee Fee Gode (\$)  Code (\$)  Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809	770	2809	385	Filing a submission after final rejection	
1201 86 2201 43 Independent claims in excess of 3	4040	770	2010	385	(37 CFR 1.129(a))	
1204 86 2204 43 ** Reissue independent claims	1810		2810		For each additional invention to be examined (37 CFR 1.129(b))	<b></b>
over original patent		770	2801		Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$) 0		r fee (sp				<u> </u>
**or number previously paid, if greater; For Reissues, see above	*Red	uced by	Basic	Filing F	ee Paid SUBTOTAL (3) (\$) 0	
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SUBMITTED BY					(Complete (if applicable)		
Name (Print/Type) Douglas J. So(OCCO		Registration No. (Attorney/Agent)	43,145	Telephone (405) 607-8600			
Signature /					Date	08/25/2004	

Express Mail No.: EV 447411061 US PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Date Deposit 08/25/2004 ATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 35541.011 OTHER THAN LAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED **NUMBER EXTRA** RATE FEE **RATE** FEE BASIC FEE **\$** 0 § 0 OR (37 CFR 1.16(a)) TOTAL CLAIMS n x \$ 9 x \$ 18 minus 20 = 0 OR 0 (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 x 42 84 minus 3 = 0 0 OR (37 CFR 1.16(b)) 0 0 280 = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 140 = 0 OR 0 0 OR **TOTAL** TOTAL \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-⋖ REMAINING **PRESENT NUMBER RATE** TIONAL **RATE** TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total · \$ 18 = x § 9 0 Minus 0 0 (37 CFR 1.16(c)) OR Independent Minus 42 84 0 0 0 (37 CFR 1.16(b)) OR 140 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 4 560 280 = 1120 OR TOTAL TOTAL 560 OR 1120 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE TIONAL** TIONAL **RATE AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR x \$ 18 Total (37 CFR 1.16(c)) <sub>\$</sub> 9 = 0 0 Minus 15 OR Independent 42 84 0 0 Minus 2 OR 140 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 280 0 OR TOTAL TOTAL 0 OR 0 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE **TIONAL RATE TIONAL AMENDMENT AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) \*\* 59 و ړي \$ 18 0 0 Minus = 15 OR Independent 42 0 84 ٥ Minus 2 (37 CFR 1.16(b)) OR 140 280 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 OR TOTAL 0 TOTAL 0 OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT, FEE ADDIT. FEE \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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